





I hereby certify that the below listed items are being deposited with the U.S. Postal Service as first class mail in an envelope addressed to:

Mail Stop Amendment Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450

on 12-16-04.

Marianne Boland

In Re Application of:

Alvarez, et al.

Serial No.: 10/045,894

Filed: 10/29/2001

Confirmation No.: 1444

Group Art Unit: 2613

Examiner: Senfi, Behrooz M.

Docket No.: 050324-1480

For: System And Method For Automatically Reducing Noise For Video Encoding

The following is a list of documents enclosed:

Return Postcard
Amendment Transmittal Letter
Petition For Extension of Time Under 37 CRF 1.136(a) (Three Months)
Credit Card Payment Form in the amount of \$1,020.00

Further, the Commissioner is authorized to charge Deposit Account No. 20-0778 for any additional fees required. The Commissioner is requested to credit any excess fee paid to Deposit Account No. 20-0778.

| AMENDMENT TRANSMITTAL LETTER (LARGE) RABENARY APPRICANT(s): Alvarez, et al. | | | | Docket No. 050324-1480 | | |
|---|--|--|---|----------------------------|---|---|
| Serial No. 10/045,894 | Filing Date 10/29/2001 | | Examiner Conf enfi, Behrooz M. | | lo. G | Group Art Unit 2613 |
| Invention: System / | And method For Au | tomatically Reducin | g Noise For Video | Encoding | J | |
| | h is Petition For Exte | mitted as shown belo | ow | he above | -identified ap | plication. |
| | | CLAIMS AS | | | | ADDITIONA |
| | CLAIMS REMAINING AFTER AMENDMENT | HIGHEST # PREV. PAID FOR | NUMBER EXTRA CLAIMS PRESENT | R | ATE | FEE |
| | 36 - | 36 = | 0 | Х | \$25.00 | \$0 |
| TOTAL CLAIMS | | | | X | | |
| TOTAL CLAIMS | 4 - | 4 = | 0 | | \$100.00 | \$0 |
| INDEP. CLAIMS | 4 - | · | | | \$180.00 | \$0 |
| INDEP. CLAIMS | 4 - Claims (check if app 1 ST MONTH | · | 3 RD MONTH ⊠ \$1,020.00 | 4 TH MC | | \$0 \$1,020.00 |
| INDEP. CLAIMS Multiple Dependent EXTENSION FEE | 4 - Claims (check if app | olicable) 2 ND MONTH \$225.00 | 3 RD MONTH ⊠ \$1,020.00 | 4 TH MC | \$180.00 ONTH | \$0 \$1,020.00 \$0 |
| INDEP. CLAIMS Multiple Dependent | 4 - Claims (check if app 1 ST MONTH | olicable) 2 ND MONTH \$225.00 | 3 RD MONTH ⊠ | 4 TH MC | \$180.00 ONTH | \$0 \$1,020.00 \$0 |
| INDEP. CLAIMS Multiple Dependent EXTENSION FEE Other Fees: No additional Please charge A check in the | 4 - Claims (check if app 1 ST MONTH \$60.00 fee is required. | Dicable) | 3 RD MONTH S \$1,020.00 DITIONAL FEE FOR ont of s enclosed. A duplication amount of \$1,020 | 4 TH MC \$7' | \$180.00 ONTH 95.00 ENDMENT f this page is | \$0 \$1,020.00 \$0 \$1,020.00 enclosed. |